Montgomery County, MD Department of Liquor Control	**SUPPLIER SET-UP AND CHANGE FORM**

Submit this form WITH you initial order, screenprint of County set up and W9 *Please use this form for any subsequent information changes.*	Date:	Supplier# To be filled in by Montgomery County

SECTION I - PURCHASING INFORMATION

Vendor Name:

Vendor Street Address:

Vendor City, State Address, Zip:

SECTION II - SALES CONTACT INFORMATION

Sales Contact Name:

Sales Contact Company Name:

Sales Contact Telephone Number (s):

Sales Contact FAX Number:

Sales Contact Email Address

SECTION III - REMITTANCE INFORMATION

Vendor Federal TIN:	MD or Non-resident Dealer Permit #:

Remittance Contact (you're A/R person) Name:

Remittance Contact Telephone Number:

Remittance Contact Email:

SECTION IV - PROMOTION/DEPLETION ALLOWANCE BILL-BACK INFORMATION

Bill-back Contact Name:

Bill-back Contact Telephone Number:

Bill-back Contact FAX number

Bill-back email Address:

SECTION V - FOB INFORMATION

FOB Point:	☐ FOB Origin, Freight Collect	☐ FOB Destination Freight Collect	Montgomery Co.
	☐ FOB Origin Freight Prepaid	☐ FOB Destination Freight Prepaid	Terms: NET30

After initial supplier and product set-up, I understand that we as the vendor are responsible for maintaining case costs using Liquor Control's vendor portal. We are also responsible for providing address and other information changes.

Prior to submitting this form and any time we have an address change, I understand that we as the vendor are responsivle for setting up and maintaining payment information in the County's Central Vendor Registration System using www.mcipcc.net.

If this is an initial vendor set-up, I have attached herewith my initial order or product listing form, a screen print of my setup information and my W9.

Signature of Authorized Official   *Date*